

# Paperwork Attachment Cover Sheet

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**Paperwork Attachment Control Number:** \_\_\_\_\_

**Date of service:** \_\_\_\_\_

**Medicaid provider number:** \_\_\_\_\_

**Medicaid client ID number:** \_\_\_\_\_

**Type of attachment:** \_\_\_\_\_

## Instructions:

This form is used as a cover sheet for attachments to electronic claims sent to Montana Medicaid. The *Paperwork Attachment Control Number* must be the same number as the *Attachment Control Number* on the corresponding electronic claim. This number should consist of the provider's Medicaid ID number, the client's Medicaid ID number and the date of service (mmddyyyy), each separated by a dash (9999999-999999999-99999999). This form may be copied or downloaded from our website [www.mtmedicaid.org](http://www.mtmedicaid.org). If you have questions about which paper attachments are necessary for a claim to process, please call Provider Relations at (406) 442-1837 or (800) 624-3958.